Region 8 Trauma Transfer Guidelines



















Goals of Care

- Do notify EMS early to facilitate timely transport
- Do communicate to destination Trauma Team if you need guidance
- Do not delay transfers for unnecessary studies

All trauma transfers are reviewed for optimal care and timely transport to destination. Feedback to facilities will include recommendations from trauma team and team debriefing. Both facilities are encouraged to discuss for ongoing improvement.

EMERGENT TRANSFER (GOAL WITHIN 1 HOUR OF ARRIVAL)

- Systolic BP < 90mmHg
- Labile BP despite 1L of IV fluids or requiring blood products to maintain blood pressure
- GCS ≤ 8 or lateralizing signs
- Penetrating injuries to head, neck chest or abdomen
- Fracture / dislocation with loss of distal pulses and/or ischemia
- Pelvic ring disruption or unstable pelvic fracture
- Vascular injuries with active arterial bleeding

Treatment & Diagnostics following ATLS

- Airway interventions
- Portable Chest & Pelvis X-ray
 - * Decompression/Chest Tube
 - * Pelvic Binder
- FAST (if + w/SBP < 90, give blood)
- Fluid Resuscitation (if necessary)
 - * Consider TXA, if bleeding susp
 - * Blood Products
- Additional Studies (ONLY if no transport delay)
 - * Head, C-Spine CT
 - * Chest/Abd/Pelvis
- All further diagnostics and treatments facilitated with discussion of accepting trauma team

URGENT TRANSFER (GOAL WITHIN 2 HRS OF ARRIVAL)

Physiologic

 Systolic BP ≤ 110mmHg may represent shock in patients > 60 yo

Neurologic

- Worsening GCS since initial presentation
- Spinal cord injury

Extremity Injuries

(Antibiotics for open fractures!)

- Amputated extremity proximal to wrist or ankle
- Open long bone fractures
- Two or more long bone fracture sites
- Crush injury

Thoracic & Abdominal Injuries

- Major chest wall injury:
 Multiple rib fractures in a patient > 65 yo, pulmonary contusions, flail chest.
- Free air, fluid, solid organ injury noted on diagnostic testing

Burns

Follow burn center criteria for transport to appropriate facility (michiganburn.org)

Special Considerations

- Adults > 60 yo
- Pediatric
- Pregnant
- Anticoagulant / Antiplatelet use
- Advance disease (cardiac, resp, diabetes, ESRD)